COUNTY COUNCIL OF THE PARTS OF LINDSEY,

LINCOLNSHIRE.

EDUCATION COMMITTEE.

SIXTEENTH

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER.

1923.

Lincoln:
LINCOLNSHIRE CHRONICLE, LTD., PRINTERS, SALTERGATE.

COUNTY COUNCIL OF THE PARTS OF LINDSEY,

LINCOLNSHIRE.

EDUCATION COMMITTEE.

SIXTEENTH

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER.

1923.

Lincoln:

LINCOLNSHIRE CHRONICLE, PRINTERS, LTD., SALTERGATE.

500—6—24—4210.

Table of Contents.

To the Chairman and Members of the Education Committee of the Lindsey County Council.

Sir Thomas Robinson, Ladies and Gentlemen,

I beg to present my Sixteenth Annual Report on the health and physical condition of the children in the public elementary schools in Lindsey relating to the inspections made in the year ended 31st December, 1923. It is very satisfactory to be able to record that the children are found, on the whole, year by year, to have good health and apparently sound constitutions, with only small variations in the percentage needing treatment at the time of examination from one annual report to another. In 1923 only 1,885 children out of 12,345 examined at the routine ages, or 15 per cent., needed definite treatment, except for decay of the teeth, for which 87 per cent. required treatment. Approximately another 2,000 children were placed under observation for various defects. This statement relates to the condition of the children at the time of inspection only and not to their health throughout the year, of which we have no statistics comparable with those of the National Health Insurance Commissioners relating to adult life which show that more than one half of the insured persons in England and Wales receive medical treatment every year. The loss of working time through this great amount of invalidity is so great that every effort should be made to reduce it. There is no doubt that decay of the teeth and ignorance of the first principles of hygiene are two of the most important causes of ill health in adult life. It is in childhood that these two factors in producing disease must be dealt with by treatment and instruction. Dental treatment is not yet available for the whole of the child population, and the reports of the County Council dentists plainly show the great need there is for it. The teaching of hygiene ought to be given an important place in the time table of work for children in the upper standards. I feel sure that head teachers, when they realise that in the case of adult insured persons there are recorded 14,000,000 weeks of sickness per annum, and when they consider the loss of working time involved, and that this sickness is to a large extent due to ignorance of the first principles of healthy living will give to the teaching of hygiene the prominence necessary to make it effective in the after lives of the children.

From the reports of the medical inspectors it is to be noted that the physique of children attending the elementary schools—and by physique is meant their height, weight and general nutrition—is not so good as that of children of the same age in secondary schools leaving out of account the scholarship children. The chief factors responsible for this difference I am convinced are that secondary school children on the whole get more rest, are fed on a more varied and attractive diet, with greater regard to food values, and are better housed. These points of difference are extremely important, and although to some extent due to a difference in the

economic position of the parents, are not entirely so, but could be made less by a fuller exercise by parents of elementary school children of parental discipline, a more widespread knowledge on their part of the essentials of a proper diet and a more active housing policy on the part of local authorities. To achieve these ends, and to spread knowledge in regard to the care of children and of how to keep fit, much could be done by propaganda lectures, using the interesting cinematograph films now easily obtainable from health organisations. The medical staff is available to give such lectures in the evenings and all that is required is a suitable lantern and projector, which would not be costly.

I have referred in previous reports to the need for more supervision and better arrangements for the mid-day meal of children who come long distances to school, especially in winter. This matter still requires attention. It should at least be possible for all such children to have a cup of hot cocoa or a bowl of soup at school. It is hoped that before long it may be possible for the Authority again to employ an Organiser of Physical Training to assist teachers to maintain and develop this most important branch of education. The Lindsey Child Welfare Association have done what they could throughout the year to keep in being the valuable orthopædic work inaugurated by the Education Committee, which would otherwise have been abandoned when the Committee decided to discontinue the services of the Assistant Organiser of Physical Training. A lady qualified to give remedial exercises has been employed by the Association, using, with the Committee's consent, the apparatus of the Cleethorpes Orthopædic Clinic, and a number of children living in the Cleethorpes neighbourhood suffering from deformities have been regularly and successfully treated. A large number of Lindsey children with curable deformities have still, however, no means of treatment, and the deformities in consequence are allowed to become permanent.

The County Council required at the end of the year 1922 that parents whose children benefit from treatment provided by the Council through the School Medical Service should contribute, if possible, the full cost of it. The measures taken by the Education Committee to assess and collect these contributions were fully described in my Report for 1922. It is to be noted that the Board of Education expressed the opinion that the income scale adopted by the Authority is more stringent than those generally in force elsewhere.

The result of the scheme which was in full operation throughout 1923 may be said to be satisfactory as regards treatment for minor ailments at school clinics. It is true that the amount collected —£63 13s. 6d.—is not large, and that it imposed much additional work and the worry of financial responsibility on the nurses, who are already somewhat harassed by having to marshal the children, present them to the doctor, look out their record cards, and carry out treatment, which work, in a busy clinic, is by no means light. Still, there is no doubt that payment for the drugs supplied does

make some of the parents put a higher value on the treatment given at the clinics, and preserves their self-respect, and to that extent is a great gain.

The collection of the cost of spectacles unfortunately made for delay in the provision of spectacles in a number of cases. The total amount collected from parents who could not afford the whole cost of glasses, was £7 4s. 8d. out of a total cost of £32 3s. 9d., and whereas 90 per cent. requiring glasses obtained them in 1922, when a less stringent income scale was in force, in 1923 only 70 per cent. obtained them by the end of the year.

The effect of the charge for operations on tonsils and adenoids was even more unfortunate. These operations were formerly done at the General Hospitals in Lincoln and Grimsby free of charge, and parents cannot understand why they now have to pay. In Cleethorpes particularly there is loud complaint because many parents contribute regularly to the Hospital and they expect to get treatment for their children without additional charge. In 1922 the Education Committee provided treatment for tonsils and adenoids for 242 children free of charge. In 1923, when the payment scheme was in force, only 125 were treated under the Committee's Scheme, or 117 fewer than in 1922. The actual number requiring treatment is approximately 1,600. The total amount of operation fees collected was £48 18s. 11d. I have no hesitation in saying that the fee for this operation certainly acts as a deterrent in regard to treatment. With respect to dental treatment, it is not possible as yet to speak with assurance of the effect of payment. There was certainly a falling off of the number presented for treatment on this account, but the dentists believe that this arose through parents not knowing that the charges would be reduced or remitted in necessitous cases. Steps have been taken to make this clear, and it is hoped that larger numbers will be presented. On the other hand the present staff had actually more work than they could cope with, and if all the cases come forward for treatment that need it a considerable increase in the staff will be required. The actual sum collected for dental treatment was £68 16s. 7d. The total amount received for all forms of treatment was £187 13s. 8d.

Dr. Cairns resigned on 31st January, 1923, and Dr. Shennan was not appointed in his place until 14th May, which, together with an interruption to Dr. Horsburgh's work in Scunthorpe, in January, 1923, owing to an outbreak of small pox, accounts for the reduction of 574 in the number of children inspected in 1923, as compared with 1922.

It is regretted that owing to the reduction in Treasury Grant it was found necessary to reduce the number of nurses trained by the Committee for the work of district nursing in the county. These nurses render valuable service in the rural parishes and are employed as health visitors in connection with the school medical service. For this work I am of opinion that their training is insufficient, and therefore I not only plead for more nursing

scholarships but also for an extension of the period of training to render those trained more valuable as school nurses. During the year it was arranged that in future all pupil teachers and others training for teacherships should be medically examined annually.

I should like to congratulate the Committee on their decision to make trial, in connection with new school buildings, of the double verandah type of plan with sub-floor heating. With this type the school can be used as an ordinary well-ventilated building, or it can be transformed at will into an open air school. This great advance on previous plans, if properly used, is bound to have a beneficial effect on the health of the children.

I record with pleasure that the staff, medical, dental, nursing and clerical, have given devoted service throughout the year, and each member has done his or her utmost to promote the health of the children.

I have the honour to be

Your obedient Servant,

R. ASHLEIGH GLEGG.

Statistics bearing on Medical Inspection.

Area of the County	963,800 acres
Population—Census 1921	260,294
Number of Schools	323
Provided	103
Non-Provided	220
Closed during the year. (Not included in the total given above)	2
No. of Children on Books, end of December, 1923	39,018

Size of Schools—

Accommodating under 50	41
,, between 50 and 150	199
,, ,, 150 and 550	68
,, ,, 550 and 850	7
,, 1,000	2
,, 1,050	3
,, 1,100	3

No. of School Attendance Officers—

Whole time	10
Part time	8

	£ s. d.
Cost of Medical Inspection for the year ending 31st March, 1923	7,723 19 0
Grant from Board of Education for the same period	3,833 9 2
Nett Cost of Education Committee	£3,890 9 10

County Rate, 1923-24	4s. in £
General Education Rate, 1923-24	1s. 8d. in £
Medical Inspection Rate, 1923-24	0.66d. in £

1d. rate for Educational purposes produces £5,916 13s. 4d.

Medical Inspection Sub-Committee in 1923.

Alderman J. STEPHENSON, Chairman.

Ald. Sir HICKMAN B. BACON, Bart.	Coun. C. H. ROBINSON
,, T. J. BLAYDES	,, Sir T. ROBINSON, K.B.E.
,, J. K. BROUGHTON	,, M. MORGAN
Coun. L. H. GOUNDRY	,, C. U. RANDS
,, The LORD HENEAGE	,, Mrs. CROFT BAKER
,, T. SMITHSON	,, Mrs. BRACKENBURY
The Very Rev. The DEAN OF LINCOLN	The REV. CANON ELLIOTT

1. Staff of the School Medical Service in 1923.

The Members of the Staff give approximately one-third of their time to the School Medical Service and two thirds of their time to other County health work.

School Medical Officer :

R. ASHLEIGH GLEGG, M.D., D.P.H.

Medical Inspectors :

E. E. A. THOMPSON RIGG, M.D., B.S.
GEORGE DOUGLAS CAIRNS, M.B., Ch.B., D.P.H. (Left 31st January, 1923).
WILFRED S. H. CAMPBELL, M.B., Ch.B., D.P.H.
JOHN EDWARD GAINS, M.R.C.S., L.R.C.P. (Lond.)
W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.
A. H. SHENNAN, M.B., Ch.B., D.P.H. (Edin.) Commenced 14th May, 1923.
PERCY G. HORSBURGH, M.R.C.S., L.R.C.P. (London) (Part time). Commenced 1st January, 1923.

Medical Officers of Eye Clinics :

Annie T. BRUNYATE, M.D., D.P.H.
GERTRUDE D. MACLAREN, M.B., Ch. B., D.P.H.

Dentists :

HENRY KINNEAR OVEY, L.D.S., R.C.S., Eng.
EVAN ELWIN LEWIS, L.D.S., Inter. B.Sc.

Nursing Staff provided by Lincolnshire Nursing Association

Superintendent—Miss WRIGHT Assist. Supt.—Miss KINSELLE

28 Whole-time Health Visitors.

Miss HINCH	Mrs. TURNER	Miss POUND
,, GUINAN	Miss MALKINSON	,, SWALLOW
,, OSBOURNE	,, JENKINSON	,, ROSE
,, RICHARDSON	,, WALKER	,, FISHER
,, SMITH	,, MITCHELL	,, POUND (Fever)
,, CLARKE	,, REYNOLDS	,, HYDES (Fever)
,, HERBERT	,, COHEN	,, HUMPHREY
Mrs. NEVILLE	,, GREEN	,, WRATTEN
Mrs. RAMSDEN	,, CLARK	,, FAIRHEAD
Miss GARRETT-JONES	,, BULL	,, HALLIDAY
,, HUNT-SMITH (Dental)	,, HUSSEY (Dental)	

and 37 part-time District Nurses.

Clerical Staff.

Chief Clerk—HORACE LEE.

WILLIAM A. ELLERAY	EWART ERNEST ALFORD
BERT GUINNISS	WALTER ROBERTS
SIDNEY G. CLARKE	THOMAS HADLEY PRESTAGE
CHARLES H. SMITH	Miss DORIS REDMORE

RONALD BEBBINGTON.

2 and 4. Reference to Previous Reports.

In my Annual Report for 1923 I gave full particulars of the Authority's arrangements with regard to co-ordination of the School Medical Service with other health services, the arrangements made and methods adopted for the medical inspection of the children and for following up children found to be defective, and for treatment of defective vision, and also with regard to school baths, co-operation of parents, teachers and school attendance officers, and for the supervision of the employment of children and young persons. Reference should be made to that report for details in regard to these matters.

3. School Premises.

The Education Committee adopted a new type of school plan during the year which may be termed the double open verandah type, the practicability and suitability of which have already been proved in Derbyshire. This marks a notable departure from the corridor type of plan previously favoured, which, while it provided well lighted and well ventilated class rooms did not have the inestimable advantage secured in the new plan of making it possible for the children to be taught practically in the open air whenever the weather conditions permit.

No new schools were built in 19 3.

Sanitary defects in the existing schools are brought to the Committee's notice by H.M. Inspector, by the Committee's Inspector and by the School Medical Officer. After each medical inspection the medical inspector reports upon the sanitary condition of the school.

The sanitary and hygienic defects noted at school medical inspection during the year were as follows:—

Playgrounds 20, out offices 36, cleaning 22, heating 10, lighting (natural) 11, ventilation 19, dampness 3, decoration 34, general renovation 5, refuse disposal 3, cloakroom accommodation including lack of pegs, &c. 8, overcrowding 5, general repairs 29, water supply 6, minor alterations 2, choked gullies, &c. 6. In all 219 defects were noted in 99 schools.

The defects remedied during the year were as given below :—

Playgrounds 14, out offices 7, heating 11, dampness 1, decoration 8, ventilation 3, general repairs 19, water supply 1, structural alterations 1, external painting 1—a total of 66 conditions remedied in 60 schools.

School Furniture. The process of substituting modern desks for obsolete patterns might with much advantage be speeded up. There are still a very large number of old worn-out desks in country schools with seats without backs which are adversely reported upon at each medical inspection as a contributory cause of orthopœdic defects such as scolivsis or twisted spine and round back.

Dr. Shennan quotes Thomson and Miles as recommending "a low chair the seat of which slopes slightly downwards and backwards and the back rest of which reaches as high as the shoulders and is at an angle of 100° to 110° to the seat. The feet should rest on a sloping stool and when the child is writing a desk sloping at an angle of 45° should be used."

School Cleaning. The schoolroom floors in most schools are only scrubbed once a quarter. This in my opinion is quite insufficient to maintain a hygienic atmosphere, especially when, as in many schools, the attendance is fully up to the low standard of floor space per child sanctioned by the Board of Education. In a previous report I dealt more fully with this matter and suggested amended instructions to school cleaners which if adopted and carried out would materially improve school hygiene in Lindsey.

5 Findings of Medical Inspection.

Inspections were carried out in all the schools in the area in 1923, and all the urban schools with the exception of five were inspected twice. Tables I. and II. at the end of this Report summarise the number of children inspected and the findings of the inspections.

It will be seen that there were 12,345 children inspected, and that a further 801 children were examined, having been presented by the teachers as "specials," and that there were 7,174 re-inspections.

In Table II A all the defects found are tabulated under separate headings according to the nature of the defect, and in Table II B the number of individual children with defects are classified.

As stated in my introductory letter, 1,885 of the 12,345 children examined, or 15.27 per cent., were found to require treatment, and approximately another 2,000 children were referred for supervision or observation for various defects.

It is to be noted that the number of children with no defect of any kind recorded on their inspection schedule, not even excluding dental cases, was 1,691, or 13.69 per cent. of the total. 813 of these were boys and 878 girls.

(a) *Uncleanliness of Head and Body.*

I am glad to be able to report that the percentage of children found to be clean, with no evidence of pediculosis or vermin in the hair, in 1923 was 92.01 per cent. In the previous year the percentage of clean children was 89.75. Altogether 37,814 individual children were inspected by the school nurses. Amongst these were found 3,020, or 7.98 per cent., affected with pediculosis, and of these 670, or 1.77 per cent., were bad cases. The number of nurses' inspections and re-inspections of children in the year totalled 75,025, involving 1,501 visits to schools. All the schools were inspected by them

before the 30th June, 1923, and all with the exception of a very few had a second main inspection before 31st December, 1923. A large number of subsidiary inspections were also made.

One bad case was proceeded against under the School Attendance Bye-laws, resulting in a conviction, a fine of 5s. being imposed.

(b) *Minor Ailments*

Impetigo, Ringworm and Scabies continue to be the chief diseases of the skin found at the medical inspections. Teachers are not fully alive to their extremely infectious nature, and isolation or, in the case of the two first named diseases, covering of the patches of disease is not always insisted upon, so that they spread from child to child. In last year's report I gave a short description of impetigo and scabies in order that the teachers might recognise them when they occur. As will be seen in Table II., 36 cases of ringworm were detected at the routine inspections, 29 cases of scabies and 54 of impetigo. In the previous year the numbers found were respectively 23, 25 and 61.

89 serious cases of Malnutrition were found, as compared with 70 in the previous year, and the percentage of less serious cases referred for observation was raised from 1.18 in 1922 to 2.2 in 1923. Teachers presented 24 children specially on account of malnutrition.

The number of other minor ailments found are given in Table II., under each disease separately.

(c) *Tonsils and Adenoids.*

Of the 1,113 cases of enlarged tonsils and adenoids recorded in 1923, 448 were recommended for treatment, rather fewer than in 1922, when 585 were recommended for operation. Operation is only advised when the obstruction interferes with breathing or causes deafness or other disability.

(d) *Tuberculosis.*

The details of the findings are as follows:—

(i.) Pulmonary—
Definite 8, or .6 per 1,000.
Figure last year 1.78 per 1,000.
Suspected 168, or 13.6 per 1,000.
Figure last year 11.77 per 1,000.

(ii.) Non-Pulmonary (glands, bones, joints, skin and other forms)—
Number of cases reported 28, or 2.26 per 1,000.
Figure last year 2.78 per 1,000.

(e) *External Eye Diseases.*

129 cases were reported amongst the routine cases examined, of which 79 were referred for treatment.

(f) *Defective Vision and Squint.*

The number of cases found were fewer than in the previous year, namely, 688 cases of defective vision and 130 cases of squint, as compared with 865 and 146 respectively in 1922, and the number of these cases definitely referred for treatment was also smaller, namely, 457 of defective vision and 83 of squint, compared with 607 and 91 in 1922.

One would like to think that this diminution in the number of cases of defective vision may now be expected to continue until the irreducible minimum consisting of congenital cases has been reached, but there is not yet sufficient grounds for this expectation. It would imply that the causes of school aggravation of congenital defect, to which I have drawn attention in several reports, have been to a large extent removed. The chief cause is the non-recognition by teachers that the child's eye is still immature and that the intricate co-ordinating mechanism which later will enable the eyes, brain and hand to work together with minute precision is awaiting development by training and must not be over taxed. In consequence the following points have to be noted :—

1. Children should not begin to read from books until the age of seven. In the words of the report of the British Association for the Advancement of Science, 1912: "Beginners (i.e., children under seven) may learn to read from wall charts; and in the general instruction of young children, teaching by word of mouth, with the help of blackboards, large-printed wall-sheets, pictures and other objects which are easily seen at a distance is preferable from the medical standpoint, for it has the great advantage of involving no strain on the eyes."

2. Lessons requiring an effort of eye accommodation should be alternated, as far as possible, with lessons requiring no such effort.

3. The type and spacing of school text books, including Bibles, for the different ages of children should be in accordance with the examples shown below.

4. Instruction in needlework for older girls should be taken only when the light is good, and individual attention ought to be given to ensure that no child sits where the work is not well illuminated.

5. In schools where the lighting is mainly from behind the children, an effort should be made to re-arrange the desks so as to get lateral illumination. This should be a first consideration and not secondary to convenience for class instruction.

6. Attention is required to individual children to secure a good attitude at work, and to see that work is not held nearer than 10 inches from the eye.

7. Children with suspected defects of eyesight should be brought to the notice of the medical inspectors, and those with known defects should be placed in the front row of the class.

TYPE AND SPACING FOR USE IN SCHOOL TEXT BOOKS.

UNDER SEVEN.

This type may be used for books to be read by children under seven.

AGE SEVEN TO EIGHT.

This type may be used for books to be read by children from seven to eight years old.

AGE EIGHT TO NINE.

This type is suitable in size for books to be read by children from eight to nine years old.

AGE NINE TO TWELVE.

This type is the smallest suitable in size for books intended for readers over nine years old.

OVER TWELVE.

This type is the smallest suitable in size for books intended for practised readers over twelve years old.

(g) *Ear Diseases and Hearing.*

The number with defects of hearing and ear disease do not vary greatly from year to year. The most important disease is catarrh of the middle ear or Otitis Media. The attention of parents is called to the importance of seeking treatment for their children when they suffer from continual discharge from the ear, which, if neglected, may completely destroy hearing and may lead to abscess of the brain or other dangerous complications.

(h) *Dental Defects.*

The number of children with decayed teeth is approximately the same each year, namely, between 70 and 80 per cent. In view of the Committee's dental scheme, which deals with dental defects separately from medical inspection, the medical inspectors refer for treatment or observation only cases with septic mouths or any acute condition requiring immediate treatment. Forty-five such cases were noted, and five others were referred for observation.

(i) *Crippling Defects.*

Apart from crippling due to tuberculosis there were recorded amongst the children at school, in the age groups examined seven cases of deformity due to rickets, 26 of spinal curvature and 21 of other forms of deformity, principally the result of infantile paralysis.

(l) *Heart Disease.*

The number of cases of organic heart disease was 126, or 1.02 per cent. Of these 39 were considered to require immediate treatment. There were also 127 cases of functional heart disease, while 217 children suffered from anæmia. The returns of school attendance officers are not given in such a way as to enable one to ascertain the proportion of loss of attendance due to heart disease and the allied diseases, rheumatism and chorea.

(k) *Lung Disease.*

There were 251 cases of bronchitis or bronchial catarrh and 42 of other non-tubercular lung diseases.

(j) *Nervous System.*

Nine cases of epilepsy, six of chorea and 63 of other diseases of the nervous system were recorded.

6. Infectious Diseases.

The action taken to detect and prevent the spread of infectious diseases was fully given in my Annual Report for 1922. It is, therefore, only necessary to say that the teachers notify cases of infectious disease as they occur to the School Medical Officer. The information is immediately passed on to the District Medical Officers

of Health, and to the Superintendent of the Lincolnshire Nursing Association, in order that the cases may be followed up by the two special nurses appointed for the purpose. In Scunthorpe and the Rural Districts of Caistor and Sibsey the teachers notify the District M.O.H. at the same time as they notify cases to the School Medical Officer. During the year the Scunthorpe Urban District Council appointed a nurse with fever experience to follow up their cases in the area of the urban district. She gives part time to this work and part to the work of the Women's Venereal Diseases Clinic. The two special nurses employed in fever work by the County Council give part time to school fever work and part to the visitation and nursing, when necessary, of cases of puerperal fever and ophthalmia and non-notifiable infectious disease amongst children under school age.

The number of school cases visited by the special nurses and the number of visits are recorded below :—

Measles	1021	cases,	1056	visits.
Whooping Cough ...	398	,,	402	,,
Chicken Pox	572	,,	640	,,
Mumps	390	,,	396	,,
Pneumonia	12	,,	12	,,
Influenza and Colds ...	88	,,	95	,,
Bronchitis	3	,,	3	,,
Sore Throat	5	,,	5	,,
Sickness and Diarrhœa ...	10	,,	10	,,

The diminution in the number of cases of diphtheria recorded last year was continued in 1923, there being 56 fewer cases. There were about the same number of cases of scarlet fever , while measles was diminished by 253 cases and whooping cough by 304. There was increased prevalence of chicken pox and mumps. Of the contagious skin diseases it will be seen from the accompanying table that there were rather fewer cases of ringworm and impetigo, but an increase in the number of cases of scabies, of which, however, there were in all only 45 cases reported by the teachers throughout the year.

School Closures.

There were 17 fewer schools closed under Articles 45 (b) and 57 of the Code. While there were 49 fewer closures on account of influenza, there were 33 more schools closed through measles.

7. Following up.

In addition to the arrangements described in my Report for 1922, a letter is now sent to parents of children requiring treatment, immediately after the medical inspection, informing them of the Education Committee's arrangements for treatment, with a note of the cost, and asking whether they desire to avail themselves of the Committee's scheme or will have their children treated privately. The answers enable the School Medical Officer to arrange for treatment earlier than was possible hitherto and the time of the school nurse is also saved. When parents state that they will have their children treated privately the school nurses are informed and they follow them up until treatment is obtained.

In 1923 the school nurses paid 12,997 visits to 5,977 cases of defect on their books, 3,031 of which were referred to them after the inspections in 1923. There is a record of 3,049 defects having been treated.

8. Medical Treatment.

Payment for Treatme t Provided.

All treatment is now charged for on the lines set out in my Report for 1922. I have already mentioned in the letter of introduction to the present report that the policy of charging for treatment has been well received by parents for treatment at the minor ailments clinics, and that on the whole the arrangement is satisfactory at these clinics. In the case of the eye clinics and operations for tonsils and adenoids the income scale for use when parents claim that they cannot afford the 6s. 3d. charged for spectacles has been found to be too high and it has been slightly modified. The full cost is now charged if the family income, less rent and rates, is above 7s. 6d. per head, half cost if between 7s. 6d. and 5s., quarter cost if between 5s. and 3s., and free if below 3s. If there are only three members in a family no charge is made if the family income falls below 9s. per head. Even this modification of the scale acts as a deterrent in regard to the operation cases. The effect of the charge in regard to dental treatment has already been discussed in the introductory letter.

The children sent to the Residential Open Air School at West Kirby have all received free treatment, as the income of their parents has fallen below the special scale used for maintenance in institutions.

The total amount collected during 1923 was as follows:—

	£	s.	d.
Drugs at School Clinics	63	13	6
Operations for Tonsils and Adenoids ...	48	8	11
Provision of Spectacles (necessitous cases)	7	4	8
Dental Charges	68	16	7
	£187	13	8

(a) *Minor Ailments.*

A school clinic was started at Ashby during 1923. There are now fifteen centres in the county for the treatment of minor ailments. As a rule a medical officer and nurse attend once a week, but in a few of the smaller centres attendance is once a fortnight. In Scunthorpe, in addition to the medical officer's Clinic, a nurse attends daily to carry out treatment of routine cases. In order to cope with the clerical work involved the Committee appointed a clerk to assist the nurse at these daily clinics. The Table given hereunder shows where these clinics are held, the number of times they were open and the average daily attendance.

Clinic.	Ashby.	Barton	Brigg.	Cleethorpes.	Gainsborough.	Horncastle.	Immingham.	Laceby.	Lincoln.	Louth.	Market Rasen.	Messingham.	Scunthorpe.	Spilsby.	Winteringham.	Total.
Total Attendances	26	696	325	1360	735	194	171	42	118	592	158	43	989	197	38	5684
No. of times Clinic open	5	48	46	40	42	49	21	11	47	46	46	9	42	49	8	509
Average daily Attendance	5	14	7	34	18	4	8	4	3	13	3	5	24	4	5	11

In Table IV. (Group I.) will be found a record of the minor ailments treated at the clinics under the Authority's scheme, and also those known to have been treated otherwise.

(b) *Tonsils and Adenoids*

The arrangements for the operative treatment of cases of tonsils and adenoids at certain hospitals in the county and at the Barton-on-Humber School Clinic were continued in 1923, and the following number of cases were treated at each :—

Gainsborough ...	... 18	Lincoln ...	... 37
Grimsby ...	... 26	Louth ...	... 25
Barton ...	... 19	Spilsby ...	... nil
Skegness ...	... nil		

In all 125 cases were treated under the Committee's scheme and 149 were operated on otherwise, while 44 received other forms of treatment. The parents of 203 children refused to give permission for operative treatment to be carried out. There remained 1,112 cases at the end of the year for which no treatment had been obtained and which were still being followed up by the nurses.

(c) *Tuberculosis*

Sixteen boys and fourteen girls suffering from pulmonary tuberculosis were treated in sanatorium schools during the year. The Lindsey County Council have established a sanatorium for women and children at Branston Hall, near Lincoln. It has accommodation for 35 children and was opened in January, 1923. A fully equipped open-air school forms part of the buildings, and the children have been attending it since 1st September, 1923, when the teacher took up her appointment. Her first annual report is interesting and will be found under the heading Open-Air Education.

Seven boys and three girls suffering from tuberculosis of the bones, joints or glands were treated at Gringley-on-the-Hill (Nottinghamshire) Hospital for surgical tuberculosis. This hospital was established by the Duke of Portland for cripple children and is under the supervision of Dr. Hogarth, of Nottingham.

Two boys and one girl were treated at the Treloar Cripples Hospital at Alton. Arrangements are made for children to receive education at the Alton institution but not at Gringley.

During the year 537 school children were treated at Tuberculosis Dispensaries.

All children suffering from tuberculosis in any form are visited on notification by the tuberculosis officers, who are also assistant school medical officers, and are recommended for institutional treatment should they require it.

(d) *Skin Disease and* (e) *External Eye Disease.*

In Table IV. (Group I.) will be found details of the number of cases of the various skin diseases and the total minor eye defects treated at the Committee's clinics and treated otherwise.

(f) *Vision.*

Dr. Annie Brunyate and Dr. Gertrude MacLaren acted as the Committee's oculists in 1923. Both gave part time to this work and part to that of the infant welfare clinics. The arrangements were fully described in the 1922 report, and need not therefore be given here as they were not altered in 1923.

As in previous years clinics, in addition to being held in the towns, were held at smaller places such as Wintringham, Belton, East and West Butterwick, Kirton Lindsey, etc., to meet the needs of children whose parents found it difficult to bring them to the larger centres.

826 children were submitted to refraction during the year under the Committee's scheme, and a further 532 who had obtained glasses in previous years were re-examined by refraction.

In addition 34 cases of eye disease, excluding minor ailments, were seen by the Council's oculists, 26 of which were treated. Apart from the Committee's scheme, 13 cases of error of refraction and eight of other defect received treatment.

Spectacles were prescribed for 749 children under the Committee's scheme and otherwise, and by the end of the year 553 had obtained them, 540 through the Committee's scheme. The errors of refraction found in the cases refracted at the clinics were:—Hypermetropia 168, hypermetropic astigmatism 378, myopia 52, myopic astigmatism 69, mixed astigmatism 69.

Special Education for the Blind.

One boy was sent for special education to a School for the Blind in 1923, and three boys and one girl were discharged. At the end of the year seven boys and one girl were receiving special education. The Lindsey Blind Society supervise blind children after leaving the special schools.

(g) *Ear Disease and Hearing.*

The minor ear defects that were treated are set out in Table IV. (Group I.).

Special Education for the Deaf.

Two boys and one girl were sent to special schools for the deaf in 1923, and three boys and two girls were discharged. At the end of the year nine boys and six girls were receiving special education. In last year's report I mentioned the case of a deaf mute whose parents, from a mistaken sense of their duty to the child, refused to allow him to leave home, and for whom an order from the Court had to be obtained that he be sent to a special school. At that time the boy had practically no intelligible speech. It is with particular pleasure that I record that the Headmaster of the Yorkshire School for the Deaf, at Doncaster, to which he was sent, reports that after six months' teaching he now has a good voice, although rather nasal, and is improving steadily in lip reading, that his composition and use of English are very good for his time at school, that he has learnt the four simple rules of arithmetic and addition and subtraction of money, and that he has good health and is good at games. When it is borne in mind that he had everything to learn from the very beginning it will be seen that he has made good progress, and will, I feel sure, justify the Committee's action in insisting on special education in his case.

(h) *Dental Defects.*

Two whole-time dentists, Mr. H. K. Ovey, L.D.S., and Mr. E. E. Lewis, L.D.S., were engaged in giving dental treatment to school children in 1923. They also gave treatment to nursing and expectant mothers and children under five years of age. A female dental attendant was also present at each clinic. The age groups of children selected for treatment were as in the previous year, 6 to 7 in urban schools, and 6 to 8 in rural schools. Special cases were also treated when presented by the Head Teacher. In order that there might be no delay between inspection and treatment both were carried out on the same day.

Owing to development of the dental work of the Maternity and Child Welfare Centres, the number of schools visited (altogether 188) was fewer by 55 than in 1922, and in consequence the number of children treated was also smaller. 1,747 children received treatment, compared with 2,438 in the previous year, a reduction of 691. In the previous year a greater proportion of time was given to treatment of school children than to mothers, this was reversed in 1923. The Table printed below gives a summary of each dentists work, and having the same headings may be compared with the Table in the 1922 report.

SUMMARY OF THE WORK OF THE COUNTY DENTISTS.	Mr. Ovey	Mr. Lewis	Total
No. of Children referred for treatment (New Cases) ...	1272	680	1952
No. of Children treated	1124	623	1747
No. of Children re-treated	68	36	104
No. of temporary teeth extracted	1193	1766	2959
No. of General Anaesthetics Administered	774	467	1241
No. of Fillings...	153	97	250
No. of Schools in which Inspection and Treatment were carried out	96	92	188
No. of attendances of school children	1408	820	2228
No. of attendances of mothers and children under 5 ...	1051	1656	2707
No. of sessions held for children	222½	119½	342
No. of sessions held for mothers and children under 5 ...	232½	285	517½

Both dentists have presented reports on their work. Mr. Ovey shows that the service is more appreciated than hitherto, as evidenced by the large number of special cases brought forward. He finds nitrous oxide gas to be the ideal anæsthetic for extractions, and, as will be seen in the above Table, both he and Mr. Lewis have used this anæsthetic as a rule rather than local anæsthetics. He begs the Committee to facilitate the use of tooth brushes amongst school children, and quotes Sir George Newman to show that much disease in after life is directly attributable to septic absorption from decayed teeth and pyorrhœa, and Dr. J. Sim Wallace in support of the value of the use of the tooth brush in preventing decay from occuring. Mr. Ovey points out that dental caries is very rarely found on the lingual surface of a tooth, the tongue acting as Nature's tooth brush. He asks that, if possible, all children leaving school should be given dental treatment.

Mr. Lewis also finds a large increase in the number of special cases put forward for treatment, especially children between 10 and 14 years of age. At that age absence from school on account of dental trouble is common, and both dentists agree that it is very desirable that children near to their time of leaving school should be included in the dental scheme, and that a systematic inspection and treatment of all children, irrespective of age, would do much towards maintaining the efficiency of the scholars. I am fully in agreement with this opinion. To accomplish the additional work involved an increase in the staff of dentists would be necessary.

Mr. Lewis finds that in schools where instruction has been given and dental treatment carried out for some years there has been a marked diminution in the extent of dental caries. Some ten years ago it was a rarity to find a single child of five or six years of age with teeth free from decay. Now perfect teeth in such young children are fairly common. He says further: "It is interesting to be able to point to tangible and widespread evidence that not only has the increase in dental caries been arrested, but also that there has been a substantial decrease in the disease among children. As children were taught how to treat their teeth, they told their parents, and it is noted that where such teaching has been given the

younger children who come under its influence have teeth freer from disease than in districts where there was no such instruction."

The effect of different foodstuffs on the teeth is referred to, and stress is laid on the importance of finishing a meal with food which has a cleansing effect on the teeth, such as uncooked fruit, celery, raddish or lettuce.

There is no doubt that dental treatment is one of the most valuable results of systematic school medical inspection. However, a consideration of the number of children who with the present staff can have the great advantage of this treatment makes it very clear that with the half time of two dentists we are only treating approximately five per cent. of the children, and leaving over 32,000 untreated.

9. Open-Air Education.

(a) *Playground Classes.*

I have no progress to record with regard to the holding of classes in the open-air in existing schools, as the Committee, while approving of the principle of open-air instruction, have not found it possible to provide the necessary equipment, such as protective awnings and portable seats and desks. I should like to be able in next year's Report to show that something had been done to make playground classes possible, both in town and country schools.

(b) *School Journeys.*

Reports from the schools show that many teachers take their pupils for walks into the country and thus give practical instruction in Nature study.

(c) *School Camps*

It has not been found possible to arrange any school camps in 1923. These, while beneficial to all children, would be especially so to children in town schools such as Gainsborough and Scunthorpe.

(d) *Open Air Classrooms.*

In my report last year I wrote: "When the financial conditions render it possible for new school buildings to be erected, I hope that they may be designed in such a way that all the classrooms can, in summer, be open-air classrooms." It is a great pleasure to be able to record that the Committee are to make trial of this principle, and that in the next new school to be built it will be possible for the classrooms to be made at will into open-air classrooms.

(e) *Day Open Air Schools.*

The Louth Open-Air School was placed under Dr. Shennan's personal supervision during the year under review, and in consequence I am able to record a marked improvement in the attendance, and therefore in the usefulness of the school.

Owing to the absence of a small house attached to the school, as suggested last year, it has not been possible for children from other parts of the county to take advantage of the excellent treatment and education provided at this school. I give below reports by Dr. Shennan and Miss Haynes (the head teacher) on the work of the school during 1923.

REPORT BY Dr. A. H. SHENNAN.

A visit was paid as nearly as possible once a week for the purpose of medically inspecting the children, the aim being to examine each child once a month.

It is a notable fact that children who attend on account of chest conditions have improved steadily throughout the winter in spite of the severe and changeable weather, and of all schools attended since October coughing has been least noticeable in the Louth Open Air School. One child who had severe chronic bronchitis with apparently bronchiolectatic changes at both bases has completely cleared up during the winter; the simplest forms of bronchitis are very much more rare than at the ordinary elementary school. This is of course, in spite of the fact that the children at the school are specially selected for their poor condition.

Three cases of lateral curvature were admitted and accorded special treatment directed towards longer periods of rest and exercises. They have shown appreciable improvement, but unfortunately the child with the most pronounced deformity has ceased attendance at a period when marked success was beginning to be noted.

The addition of screens for use in stormy weather has been very beneficial and ensures the possibility of work under almost any circumstances.

In conclusion I should say that both Miss Haynes and her assistant have shown themselves to be very keen on this special work.

REPORT BY MISS V. HAYNES.

Our School, next July, will complete its sixth year, the conditions now, though not ideal, being more satisfactory and serviceable than hitherto.

Last year we had to close on three occasions on account of the extremely inclement weather. Since then arrangements have been made by which we can close the front of the school shed and sleeping shed when necessary. This has enabled us to keep open in spite of a very exceptional winter. True, the device is a makeshift expedient but it will serve its purpose until we are able to obtain more modern equipment.

The sleeping shed has not always been usable as we have no means of heating it. On more than one occasion the thermometer has registered 30° and thereabout, but we hope by next winter to overcome this difficulty.

The children are now visited each week by Dr. Shennan instead of their being taken to the Clinic to be examined—a much better plan. Each child comes under inspection at least once a month.

We have had a particularly interesting case during the year—that of a five year old boy who is mentally deficient. When he first came to us in October last, we feared we should not be able to keep him. He threw Kindergarten chairs and books about, overturned tables, and needed constant watching and attention. At this time it was very difficult to understand anything he said, and equally difficult to make him understand. Now, after a period of nearly four months, he is shewing a decided improvement in every way. He is beginning to understand much of what is said to him, talks rather more intelligibly and can sit from 10—20 minutes interesting himself in quiet games.

Number of children on books during year	59
Average number of children on books during the year ...	25.6
Average attendance during the year	21.7

ADMISSIONS TO LOUTH OPEN AIR SCHOOL, 1923.....BOYS.

Name.	Age. Y.	Age. M.	Date of Admission.	Defect.	Weight (lbs) (a) on Admission (b) on Discharge or at end of year. (a)	(b)	Date of Discharge.	Remarks.
			1921					
F. B.	6	4	Oct. 3	Malnutrition and Bron. Cat. ...	38	50	12—10—23	Passed fit
C. M.	7	5	Nov. 21	Debility	52	62	12—10—23	Passed fit
			1922					
F. D.	5	6	Jan. 23	Asthma	40	44	2— 3—23	Withdrawn
G. C.	5	9	May 8	Pretubercular	49	55	12— 1—23	Passed fit
D. R.	6	9	May 29	Malnutrition and Bron. Cat. ...	31	39	27— 3—23	do.
A. G.	6	0	June 12	Bronchitis...	41	44	4— 6—23	Left District
H. G.	6	0	,, 19	Debility	43	47	12— 1—23	Passed fit
T. C.	7	10	,, 19	Bronchitis and Pretubercular ...	51	61		Attending
J. C.	8	2	,, 26	Malnutrition and Debility ...	49	58	24— 4—23	Passed fit
E. C.	6	7	Sept. 12	Debility Pretubercular	44	53		Attending
A. C.	6	3	Oct. 9	Malnutrition	38	41	28— 3—23	Withdrawn
F. R.	6	9	,, 16	Malnutrition and Debility ...	28	30	2— 3—23	do.
G. W.	5	1	,, 23	Bronchial Catarrh	34	42		Attending
W. T.	6	10	,, 30	Debility and Malnutrition ...	52	58		do.
C. S.	6	5	,, 30	Malnutrition and Bron. Cat. ...	39	40	21—12—23	Withdrawn
			1923					
H. G.	6	9	Mar. 12	Debility	50	52	12—10—23	Passed fit
H. B.	9	7	May 8	Do.	42	44	28— 6—23	Withdrawn
G. S.	8	11	June 4	Debility and Anæmia	53	57	3— 8—23	do.
C. S.	7	1	,, 6	Debility Hilus T.B.	41	45		Attending
J. B.	5	10	,, 18	Susp. Trach. Bronch. T.B. ...	45	49		do.
J. D.	8	10	July 16	Cerv. Adenitis	45	53		do.
R. M.	5	10	,, 16	Trachio Bronch. T.B.	38	42		do.
E. F.	5	7	,, 23	Hilus T.B.	38	41	1—11—23	Transferred to Sanatorium
G. D.	12	6	Sept. 17	Debility	65	74		Attending
H. B.	10	7	,, 24	Anæmia	80	88		do.
S. C.	11	8	Oct. 8	Susp. Trach. Bronch. T.B. ...	60	65		do.
H. R.	5	9	,, 18	Malnutrition	32	32		do.
W. B.	8	10	,, 8	Malnutrition and Bronchitis ...	52	55		do.
F. J.	7	1	,, 15	Anaemia	49	51		do.

ADMISSIONS TO LOUTH OPEN AIR SCHOOL. 1923.....GIRLS.

Name.	Age. Y.	M.	Date of Admission.	Defect.	Weight (lbs) (a) on Admission (b) on Discharge or at end of year. (a)	(b)	Date of Discharge.	Remarks.
			1922					
V. G.	8	3	April 10	Pretubercular	36	43	8— 6—23	Left District
J. B.	6	2	May 29	Debility and Pertubercular ...	40	50	12—10—23	Passed fit
D. W.	6	0	June 12	Debility	38	48		Attending
E. G.	9	1	July 3	Bronchal Catarrah	53	65	28— 3—23	Passed fit
F. P.	7	9	,, 7	Malnutrition and Debility	40	48	13— 4—23	Do
W. W.	9	10	Sept. 12	Malnutrition and Anæmia ...	56	63	13— 4—23	Do.
M. L.	4	9	Oct. 30	Pretubercular	34	36	7—11—23	Withdrawn
E. W.	5	3	Nov. 13	Malnutrition	35	38	24— 9—23	Do.
S. D.	12	6	,, 20	Debility and Anæmia	78	90		Attending
			1923					
O. L.	7	0	Feby. 2	Anæmia	43	50	7—11—23	Withdrawn
A. C.	8	8	Mar. 22	Do.	55	64		Attending
B. W.	5	4	April 9	Pretubercular	34	36		Do.
E. H.	8	1	May 5	Tuberculosis (Wrist)	42	...	16— 5—23	Transferred to Hospital for
D. B.	9	8	,, 7	Bronchial Catarrh	69	76		Attending [treatment
E. S.	7	4	,, 30	Bronchitis and Susp. Hilus. T.B.	42	46	3— 8—23	Withdrawn
N. F	12	1	June 4	Bronchitis...	70	72	3— 8—23	Do.
W. C.	7	6	,, 11	Malnutrition	42	44	3— 8—23	Do.
M. E.	7	5	,, 11	Cerv. Adenitis (T.B.)	45	49		Attending
E. E.	5	4	,, 25	Debility	31	34		Do.
P. W.	9	1	July 2	Scoliosis	50	59		Do.
L. W.	12	10	,, 9	Chronic Bronchitis	63	64	2— 8—23	Withdrawn
M. T.	8	2	,, 9	Anæmia	53	57		Attending
J. B.	8	10	,, 16	Scoliosis	59	66		Do.
I. B.	8	0	Sept. 24	Anæmia	44	46	9—11—23	Withdrawn
L. D.	7	4	,, 24	Malnutrition	37	40		Attending
I. S.	6	4	Oct. 10	Do.	42	45		Do.
I. W.	7	1	,, 29	Anæmia	47	47		Do.
V. E.	8	1	Nov. 26	T.B. Adenitis	...	...		Do.
R. E, ...	6	4	,, 26	Do. do.	50	51		Do.
M. C.	12	3	Dec. 10	Scoliosis	61	63		Do.

Discharged—Passed fit for ordinary school... 11 Withdrawn by Parents... 14 Left District... 2 Transferred to Hospital or Sanatorium... 2

Number on Books during 1923 ... 59 Admitted before 1923 ... 23 Still attending ... 30

Although the Open-Air School at Branston Hall Sanatorium is under the control of the Public Health and Housing Committee of the County Council, I present the reports of the Head Teacher and the Committee's Inspector of Schools here in order that the Education Committee may be aware of the arrangements made for the education of Lindsey children when in the sanatorium.

BRANSTON HALL SANATORIUM. TEACHER'S REPORT.

The School was opened on September 1st, 1923, but as books and other material for work did not arrive for several weeks, it was more than a month before lessons began in earnest. Thirty-two children were present on the first day. The average number of names on the register has been 33 ; the average number of children attending, 30.

The Children range in age from six years to 14 years. Owing to the vast difference in age and attainment of the children few lessons can be taken collectively with success. Most of the work has to be individual work.

The syllabus of work taken up to the present has been as follows :—

Reading and Writing.

Cruikshank apparatus has been used for teaching Reading and Writing to the younger children. This apparatus is specially prepared for individual work. It consists of a series of graduated letters and models, words and pictures. The older children have a small library of assorted books. This they use freely, choosing books for themselves and reading silently. As often as time permits I hear them read passages aloud, question them as to the thread of the story and meaning of certain words ; also explain as far as possible any parts which have been misunderstood. The children have exercises in copy writing, passages to write from dictation, and narrative and descriptive composition work.

Arithmetic.

In arithmetic classes each child works at his own pace as all are at different stages. The older children work from Philip's Five Class Explanatory Arithmetics. These books cover the range of work usually taught in the elementary schools.

History.

So far work has been done with the Pre-historic Peoples, Tree and Cave Dwellers.

Geography.

We started the term with Physical Geography. We have since taken the Geography of North America and Life of Red Indians. In conjunction with this we learnt in play form Longfellow's " Hiawatha." For winter geography we have been taking The Life of the Esquimaux. Jointly we have modelled an Ice Scene.

English.

We have learnt two plays : Longfellow's " Hiawatha," and " A Regular Muddle." The first one was acted for the benefit of patients and staff. The older children have each chosen and learnt at least one poem. The younger children have learnt together several tiny pieces.

Nature Study.

We have had but little indoor class work on this subject. The lessons have been taken in the form of nature rambles. The children have gardens on which to work. As the school is situated in beautiful surroundings the children are encouraged to take an interest in bird and plant life as they see it around and so learn much through actual experience.

Handwork.

We have done more with this lesson than any other. Models have been made individually and collectively to illustrate History and Geography lessons. The boys have made some very nice baskets in Red Indian Stitched Basketry, also raffia bags in weaving. The girls do knitting, sewing and crochet work. The little ones, knitting, weaving, and paper cutting and folding. They have also made scrap books. We have taken model drawing, drawing from nature and from imagination to illustrate lessons and stories.

Physical Exercises.

No special time has been arranged on the time table for Physical Exercises up to the present, because owing to cold ever since the school was opened much time has had to be given to this lesson. Few days have passed without at least ten minutes at exercises or marching. The time at which these exercises have taken place, also the amount of time given daily, has depended entirely upon the temperature. Many days have been so cold that it has been impossible to keep the children sitting still. These days have been spent entirely in physical exercises, marching, organised games and free play.

Hygiene.

Arrangements are being made for the teaching of Hygiene in the future.

Results.

From an educational point of view results have not been as satisfactory as one could wish. There have been many big difficulties in the way of progress. As the schoolroom is quite open to wind and cold, many days it has been impossible to do any lessons which did not involve a great deal of physical activity. Sometimes the ink, and other moist and liquid material, have been frozen until mid-day. Arrangements are being made for heavy roller blinds to be fixed along the front of the school. This will make it possible to close the front of the school on the coldest days. We are hoping for heating for another winter. This will mean one of our big difficulties removed.

Classes have to be continually disturbed so that children may go to the Sanatorium for treatment. This makes it very difficult to judge whether a child is naturally slow in progress, whether his logical memory is weak, or whether perhaps he has missed a vital part of the lesson which makes it difficult for him to connect the other separate points. It also makes it difficult to arrange and set future work. This difficulty cannot so easily be removed.

The children are not used to working individually, and take a long time to gain confidence in themselves. They quite naturally find a great difficulty in concentrating on their own work while different work is being explained to other children in the room. Those who have been to school before seem to feel the need for competition in their work. Of course this is only natural and competition to a certain extent is necessary and helpful to some children, but most of the children hold this as the most important aim in school. Some of the children learn to love their work for its interest and value.

The greatest difficulty is that few of the children have had the normal amount of schooling for their age. Also being physically weak they are many of them weak mentally. They have not the normal amount of stamina. This makes it absolutely necessary that they should have very careful individual attention and management to ensure satisfactory progress. Therefore, although the number of children present is never more than 35, owing to the vast difference in attainment of the oldest and youngest children, it is absolutely impossible for one teacher to give the necessary amount of careful individual attention.

INSPECTOR'S REPORT.

Visited 11th March, 1924.

Number on the books : 30. Teacher : Miss Nicholl, Uneert.

This school gave me a favourable impression chiefly because of the genuine enthusiasm of the Mistress. Miss Nicholl has been trained in a good school under Miss Margaret McMillan, a recognised authority on the open air method

of education, and she has caught the real spirit of the work. Considering the variety of the children now in the school it is really wonderful how well controlled the children are, and the progress they are making in their mental development. Many of them are backward because of physical defects and this makes the work of Miss Nicholl more difficult. She has, however, carefully considered the peculiar circumstances of each child, and has adopted the method of teaching most suitable to the needs of the school.

The scheme of work and time-table have been drawn out by the teacher on the lines of the Margaret McMillan Camp School at Deptford, and therefore handicrafts are the backbone of the system now in use.

Much creditable work was seen, especially in geography and literature. The children have acted little plays, and the result has been to give a favourable impression to the scholars and inculcate a taste for suitable reading. They are taught to educate themselves under the wise guidance of their teacher, and a period in this school will be an educational advantage to every child.

There are suggestions which may be given for improvement of the school, and many minor ones were given to the teacher on the day of inspection. The most obvious is the need for more help. It is most difficult for Miss Nicholl to supervise children of varying ages and attainment working in separate rooms, and the need for additional help is obvious.

It would also be an advantage if Miss Nicholl could visit the Open Air School at Louth, where the conditions are slightly different, but similar problems are being solved.

For the younger children it would be an advantage if two small tables and four chairs were provided similar to those used in our infant schools.

The Mistress is anxious to allow the children to make a shop which would be used in teaching practical arithmetic, and the small sum asked for to provide the necessary material would be well used.

I have promised to assist the teacher whenever she needs advice, and take this opportunity of congratulating the Committee on the happy choice of a teacher who has entered so whole-heartedly into the spirit of her work.

With regard to additional help it should be possible to obtain the services of a supplementary teacher who would meet the requirements.

(Signed) J. W. TWIDALE,
Inspector of Schools

14th March, 1924.

10. Physical Training.

There are still in this area a considerable number of class teachers who have not yet acquired the requisite knowledge to give a good lesson in physical training, and there are many who, while capable of dealing with a class under good conditions are not able to cope with difficulties, or as I have already said, to give the special corrective exercises needed by children who have rounded backs, narrow chests and commencing deformities of the spine.

I have to record that the need of an expert organiser and instructor of teachers in Physical Training is as great as ever, and I hope that as soon as financial conditions permit the Committee will again be able to foster and develop physical training and organised games in the county with the same thoroughness as in the four years period 1918 to 1921. After 1921 I had to report with regret the discontinuance of the remedial treatment of school children suffering from physical defect, and in 1923 the termination of the valuable work of the organiser of Physical Training. I would ask the Committee if the time is not opportune to re-appoint an organiser, to arrange, as was done in 1913, for a qualified instructor to give a course of instruction to teachers in 1924, and that the grants for assisting teachers to attend a summer course in Physical Training be renewed.

11. Provision of Meals.

No meals were provided for school children by the Education Authority in 1923.

12 to 15. Co-operation of Parents, Teachers and School Attendance Officers.

The arrangements made for the co-operation of Parents, Teachers and School Attendance Officers were described in my Annual Report for 1922. They have worked satisfactorily. Every effort is made to induce parents to attend when their children are being medically inspected, and large numbers do attend There is evidence that they value the work and are anxious to obtain treatment when their children require it. We are much indebted to the head teachers, whose hearty co-operation makes all the difference between success, and almost one might say, failure in this work.

16. Co-operation of Voluntary Bodies.

The Lindsey Child Welfare Association, to which Dr. Brunyate and I act as honorary secretaries, gives valuable help to school children, providing orthopædic appliances for cripples, boots and clothing for the necessitous, milk and tonic foods for cases of malnutrition and assistance with railway fares to hospital. The Association gives details of its work in each district of the county in a separate annual report.

17. Blind, Deaf, Defective and Epileptic Children.

The medical inspectors take note at each medical inspection of all such children known to the head teacher in the locality. They are subsequently examined by a member of the school medical staff and reported to the Education Committee if considered suitable for special education. Cases also are brought to the Committee's notice by the Lindsey Blind Society, by school nurses, attendance officers and others.

A return of all exceptional children in the area known to the School Medical Officer is given in Table III. In it will be found the number of children receiving special education at the end of 1923. The number of blind and deaf children being specially educated have already been given in the sections of this report dealing with Defective Vision and Hearing. One boy suffering from epilepsy, who was in a special school at the commencement of the year was discharged. Three cripple boys were receiving special education at the end of 1923, two having been sent during the year. At the end of 1922 there were three mentally defective boys in institutions. One other mentally defective boy was sent during 1923 and two were discharged. Very great difficulty is experienced in getting the managers of existing institutions for the education of the mentally defective to accept our feeble minded children unless they are of very high grade and without any objectionable habits. Many of our cases are educable and should have special education, but we are not able to obtain it for them. They are excluded from the ordinary elementary schools and cannot be referred to the Local Control Authority because they are educable, and at present they are left

without any training to correct their bad habits, to teach them self-control and to develop their sense of right and wrong. I would ask the Committee whether in our larger towns special classes might not be arranged to train these unfortunate children until more residential accommodation is available.

18. Nursery Schools.

No Nursery Schools have been established by the Local Education Authority in the county.

19. Medical Inspection in Secondary Schools.

There are two Secondary Schools provided and ten aided by the Authority. These have all been medically inspected. The results of medical inspection of the Scunthorpe Central School are included in this section of the Report, as the pupils are older than those in the ordinary public elementary schools. At the commencement of our scheme of inspection all the pupils in attendance were examined and each year since, the inspection has been restricted to entrants, leavers and specials. Pupils previously found to be defective are re-inspected at each inspection.

583 pupils were inspected in 1923, or 178 more than in the previous years, namely 389 boys and 194 girls. The number examined at each age and the number of defects found are given in the subjoined Tables. The chief defect was decay of the teeth. A number had defective vision and adenoids and enlarged tonsils. 218 of the 583 children had defects requiring treatment.

TABLE I,

SECONDARY SCHOOLS.

NUMBER OF CHILDREN INSPECTED

from 1st JANUARY, 1923, to 31st DECEMBER 1923.

A. ROUTINE MEDICAL INSPECTION.

	Age Groups.														
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total.
Males ...	—	—	2	9	16	45	104	95	55	21	23	13	6	—	389
Females ...	7	3	5	11	12	16	48	30	25	17	12	7	1	—	194
	7	3	7	20	28	61	152	125	80	38	35	20	7	—	583

(B.) SPECIAL INSPECTIONS.

	SPECIAL CASES.	RE-EXAMINATIONS (i.e., No. of children re-examined).
Males ...	15	194
Females ...	44	161
Total ...	59	355

TABLE II. 1923 SECONDARY SCHOOLS

Return of Defects found in the course of Medical Inspection in 1923.

DEFECT.	Age Groups		Special Cases	
	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	10	1	1	—
Uncleanliness Head	—	—	—	—
Body	—	—	—	—
Skin				
Ringworm Head	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Diseases	—	—	—	—
Eye				
Blepharitis	1	—	—	—
Conjunctivitis	—	—	1	—
Keratitis	—	—	—	—
Corneal Ulcer	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision	44	3	12	—
Squint	1	1	—	—
Other Conditions	—	—	3	—
Ear				
Defective Hearing	8	3	6	—
Otitis Media	2	—	1	—
Other Ear Diseases	4	—	2	—
Nose and Throat				
Enlarged Tonsils	31	15	4	—
Adenoids	1	—	1	1
Enlarged Tonsils and Adenoids ...	7	—	2	—
Other Conditions	—	—	1	—
Enlarged Cervical Glands (Non-Tubercular)	—	1	—	—
Defective Speech	—	—	—	—
Teeth				
Dental Diseases	146	1	24	—
Heart and Circulation				
Heart Disease. ...				
Organic	1	—	—	—
Functional	—	4	1	—
Anaemia	5	1	6	—
Lungs				
Bronchitis	—	1	1	—
Other non-Tubercular Diseases ...	—	—	—	—
Tuberculosis				
Pulmonary.				
Definite	—	—	—	—
Suspected	3	2	—	—
Non-Pulmonary.				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous System				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	—	—	—
Deformities				
Rickets	—	—	—	—
Spinal Curvature	5	—	—	—
Other forms	1	—	—	—
Other Defects and Diseases ...	5	1	2	—
Number of Individual Children having defects which require Treatment or to be kept under Observation (excluding uncleanliness)	218	23	55	1

20. Continuation Schools.

Day Continuation Schools have not yet been established in this county.

21. Employment of Children and Young Persons.

The arrangements under which the School Medical Officers are consulted before sanction is given by the Authority to the employment of children remain as described in my Report for 1922. I still think that medical certificates of fitness for occupation should be renewed annually, and the Act should be amended to require medical certificates of fitness for employment after school hours and during holidays.

103 boys and 94 girls were medically examined as to fitness for work before school hours.

Gainsborough is still the only centre in the county in which the Lindsey scheme, under the Choice of Employment Act, 1910, is operative. The School Medical Officer supplied the information as to physical fitness from the office records. It was pointed out last year that these records are often out of date because the Board of Education requires children to be examined as leavers at 12 years of age, whereas school attendance now continues until 14.

22. Examination of Supplementary Teachers and Pupil Teachers, Bursars and County Scholars.

25 Supplementary Teachers were medically examined in 1923, and 179 Pupil Teachers and others in training for teachership, 139 of these were passed unconditionally, 37 subject to treatment for various defects and three were rejected.

Teaching of Hygiene.

I am not satisfied with the teaching given in the public elementary schools in Lindsey in this most important subject. As a result of special enquiry I have learnt that the subject is not taught at all in a number of schools, especially in the country, and only to children from 12 to 14 in many others. Last year I included in my Annual Report the excellent 'Suggestions for Talks to Scholars' on Hygiene, by Dr. Eustace Hill, and the Committee informed correspondents of school managers that teachers could obtain copies on application. Scarcely any applied for the 'Suggestions,' which were printed separately as a leaflet. It is possible that the matter was overlooked. The teaching in this leaflet is simple, clear and definite and should be in the hands of all teachers.

Statistical Tables.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A.) Routine Medical Inspections, 1923.

Number of Code Group Inspections.

Entrants	3797
Intermediates	3650
Leavers	3710
Total	11,157

Number of other Routine Inspections, 1,188.

(B.) Other Inspections.

Number of Special Inspections	801
Number of Re-inspections	7174
Total	7,975

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1923.

DEFECT. (1)	Code Groups. No. referred for treatment (2)	Code Groups. Number requiring to be kept under observation but not referred for treatment. (3)	Specials. No. referred for treatment (4)	Specials. No. requiring to be kept under observation but not referred for treatment. (5)
Malnutrition	89	272	10	14
UNCLEANLINESS.				
Head	176	14	2	...
Body	34	6	3	...
SKIN.				
Ringworm — Head	23	5	7	5
Ringworm — Body	7	1	2	...
Scabies	26	3	10	...
Impetigo	48	6	27	...
Other Diseases (Non-Tubercular)	30	18	10	4
EYE.				
Blepharitis	58	28	14	...
Conjunctivitis	6	2	1	1
Keratitis	...	...	...	...
Corneal Opacities	2	9	2	...
Defective Vision	457	231	121	10
Squint	83	47	27	2
Other Conditions	13	11	10	4
EAR.				
Defective Hearing	137	124	16	8
Otitis Media	75	22	16	4
Other Ear Diseases	300	8	28	1
NOSE & THROAT.				
Enlarged Tonsils	241	458	50	7
Adenoids	66	79	21	9
Enlarged Tonsils and Adenoids	141	128	31	6
Other Conditions	14	10	3	5
ENLARGED CERVICAL GLANDS (Non-Tubercular)	22	113	7	5
DEFECTIVE SPEECH	...	8	2	3
TEETH.				
Dental Diseases	45	5	6	...
HEART & CIRCULATION.				
HEART DISEASE.				
Organic	39	87	4	7
Functional	15	112	5	5
Anæmia	81	136	22	19
LUNGS.				
Bronchitis	63	188	9	14
Other Non-Tubercular Diseases	14	28	...	1
TUBERCULOSIS.				
PULMONARY				
Definite	4	4	2	2
Suspected	50	118	13	10
NON-PULMONARY.				
Glands	4	8	4	3
Spine	2	1	1	...
Hip	1	2	...	...
Other Bones and Joints	...	2	1	...
Skin	2	...	1	...
Other Forms	1	5	1	...

TABLE II —*Continued.*

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1923.

DEFECT. (1)	Code Groups		Specials.	
	No referred for treatment. (2)	Number requiring to be kept under observation but not referred for treatment. (3)	No. referred for treatment. (4)	No. requiring to be kept under observation but not referred for treatment. (5)
NERVOUS SYSTEM.				
Epilepsy	6	3	2	1
Chorea	3	3	...	3
Other Conditions	6	57	3	20
DEFORMITIES.				
Rickets	4	3	1	1
Spinal Curvature	19	7	2	1
Other Forms	5	16	4	3
Other Defects and Diseases	81	103	37	15

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys.	Girls.	Total.
BLIND (including partially blind).				
(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	7	1	8
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind	—	—	—
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
DEAF (including deaf and dumb and partially deaf).				
(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	9	6	15
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
MENTALLY DEFECTIVE.				
Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	2	—	2
	Attending Public Elementary Schools ...	72	46	118
	At other Institutions	—	—	—
	At no School or Institution	6	5	11
Notified to the Local Control Authority during the year.	Feebleminded	3	2	5
	Imbeciles	—	—	—
	Idiots	—	—	—
EPILEPTICS				
Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics	—	—	—
	In Institutions other than Certified Special Schools	—	—	—
	Attending Public Elementary Schools ...	—	—	—
	At no School or Institution	7	1	8
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	11	7	18
	At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE.				
Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	9	4	13
Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	16	14	30
	At Certified Residential Open-Air Schools	—	—	—
	At Certified Day Open-Air Schools ...	—	—	—
	At Public Elementary Schools	13	11	24
	At other Institutions	—	—	—
	At no School or Institution	—	—	—

TABLE III.—*Continued.*

Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total.
Delicate children(*e.g.* pre- or latent tuberculosis, malnutrition debility, anaemia, etc.)	At Certified Residential Open-Air Schools ...	5	4	9
	At Certified Day Open-Air Schools	14	16	30
	At Public Elementary Schools	92	98	190
	At other Institutions	—	—	—
	At no School or Institution	5	7	12
Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	6	2	8
	At Public Elementary Schools	5	6	11
	At other Institutions	—	—	—
	At no School or Institution	3	5	8
Crippled Children (other than those with active tuberculosis disease) *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	1	—	1
	At Certified Residential Cripple Schools ...	1	—	1
	At Certified Day Cripple Schools	—	—	—
	At Public Elementary Schools	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—

NOTE.—There are 3 cripple boys in Institutions at end of 1923.

TABLE IV. RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1923.

TREATMENT TABLE.

Group. I. Minor Ailments (excluding uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects Treated or under Treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :			
Ringworm—Scalp	106	160	266
Ringworm—Body	22	26	48
Scabies	35	66	101
Impetigo	315	194	509
Other Skin Diseases	76	44	120
Minor Eye Defects : (External and other, but excluding cases falling in Group II)	147	56	203
Minor Ear Defects :	256	406	662
Miscellaneous : (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1016	714	1730
	1,973	1,666	3,639

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ...	1358	12	1	1371
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	26	8		34
Total	1,384	20	1	1,405

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme 736
(b) Otherwise 13

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme 540
(b) Otherwise 13

Group III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS				
Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated,
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme,	Total.		
125	149	274	44	318

B.—Number of individual children (see note B.) found at Routine Medical Inspection to require treatment (excluding uncleanliness).

Group	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :			
Entrants	3,797	1,885	15.27
Intermediates	3,650		
Leavers	3,710		
Total (code groups)	11,157		
Other Routine Inspections ...	1,188		

TABLE IV. (Cont.)

Group IV. Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist.

	Aged.		
Routine Age Groups	5 ... —	Total	1241.
	6 ... 670		
	7 ... 439		
	8 ... 132		
	9 ... —		
	10 ... —		
	11 ... —		
	12 ... —		
	13 ... —		
	14 ... —		
Specials (see note d) ...			883
Grand Total ...			2124

(b) Found to require treatment 1952

(c) Actually treated 1851

(d) Re-treated during the year as the result of periodical examination ... ... 104 (see note e).

(2) Half-days devoted to { Inspection 171 / Treatment 171 } Total ... 342

(3) Attendances made by children for treatment ... 2228

(4) Fillings { Permanent Teeth 168 / Temporary Teeth 82 } Total 250.

(5) Extractions { Permanent Teeth 390 / Temporary Teeth 2959 } Total 3349.

(6) Administrations of general anaesthetics for extractions, 1241.

(7) Other Operations { Permanent Teeth 73 / Temporary Teeth 229 } Total, 302.

TABLE IV.

Group V. Uncleanliness and Verminous Conditions. (See note f.)

(I)	Average number of visits per school made during year by School Nurses	4
(II)	Total number if examinations of children in the Schools by School Nurses	75,025
(III)	Number of individual children found unclean	3,020
(IV.)	Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(V)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	Nil.
	(b) Under the School Attendance Bye-Laws	1